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						(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A1	TORNEY DOCKET NO.	CONFIRMATION NO.
10/537,134 06/02/2005		Carles Ruiz Floriach		US020488	1186	
TITLE OF INVENTION: PACKETIZATION OF LAYERED MEDIA BITSTREAMS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	11/04/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
CRUTCHFIELD, CHRISTOPHER M 2619		370-473000				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the property of the 2 many section of the patent front page, list						
Change of correspor	ndence address (or Cha 122) attached.	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
KONINKLIJKE ELECTRONICS N.V. EINDHOVEN, NL						
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔘 Government						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee Dublication Fee (No	cmall antity discount	normitted)	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.			
Advance Order - #	•		The Director is hereby authorized to charge the required fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1270 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above)						
a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27.						
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Authorized Signature _	/EDWARD W	. GOODMAN/		Date OCTO	BER 1, 2008	
Typed or printed name	EDWARD W	. GOODMAN	•	Registration No.	28,613	
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